File with:

Reset Form

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CAMPAIGHTHICS AND

Disclosure Board 510 E. 12 th , Ste. 1A				"" BIRE E
Des Moines, Iowa 50319 Fax: 515-261-4073	FOR INSTRUCTION DISCLOSURE	ONS, SEE BACK OF FORM E SUMMARY PAGE	2	009 JAN 20 AM 9:52
COMMITTEE NAME (Must b	e same as on Statement of Org	ganization)		ORM 1
Thompson for State Senate	3		1 1 '	R-2 DISCLOSURE
(1)Statewide/Legislative/Judge	o of committee you are reporting for Standing for Rotention Candidate 5)County Candidate (6)City Can nty PAC (9)City PAC (10)School	: [(Ren	7. 07/2007) REPORT Office Use Only on. #
CANDIDATE COMMITTEES Candidate Name Doug Thompson	ONLY:	Political Party (if applicable) Democratic	\$ca	ged in S
Office Sought State Senate		District (if Senate or House)	Aud	· ——·
SIGNATURE OF PERSON F		CHI-167-32		DATE SIGNED
AM FILING A January 19,	2009	REPORT FOR (1) ELECTIO		LECTION YEAR.
ĺ	(report date)	Indicate by	# [1]	
(You must continue	ination) report and attach Notice to file reports until a DR-3 is fi	led.)	which Election	cal Committees, enter County in on is held
STATE	MENT OF CASH ON HA	ND		
committee This ar	inning of the reporting period. (mount MUST be the same as the period or must be zero if this i	(Total of all funds held by the he cash on hand at the end s first report filed.)	\$	9,890.99
	EY TAKEN IN THIS PERIOD			100.00
Schedule A: Çaşh	Contributions total (Altach Sch	nedule A) (*also see in-kind below)	**********	125.00
		ule F)		0.00
Schedule H: Total	Sales of Campaign Property (A	Attach Schedule H)	1141777777	V,0V
(Schedule	H applies to Candidates' Co	o mmittees Only) SUB-TOTAL.	***************	10,015.99
	AL MONEY SPENT THIS PERI			5,524.77
		B) (**aiso see debts and loans belov		0.00
		edule F)		4,491.22
CASH ON HAND at the end	l of this reporting period (if final	report balance must be zero)	\$	7,771.44
**UNPAID BILLS (From Sci	hedule D - Attach Schedule D)		\$	0.00
		chedule E)		0.00
"OUTSTANDING LOANS	(From Schedule F - Attach Sch	edule F)	\$	10,500.00
CONSULTANT BREAKDO	WN (Schedule G Attached?)		•	YES _ NO
CANDIDATE COMMITTEE	<u>sonly:</u>			0.00

For Instructions, See Back of Form		Reset Form	SCHEDULE	MONETARY
CONTRIBUTIONS MONEY TAKEN IN			(Rev. 07/03)	RECEIPTS
(Including candidate's personal funds)				CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of	f Organization)		AME	NDING FORM
Thompson for State Senate		1		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCI OSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDDYR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	1D#	Hancock County Democratic Party		\$125.00	
12/31/08	CK#	Corwith, Iowa		\$125.00	L
	ID#				T
	CK#		:		L
	1D#				T
	CK#				L
	ID#	H 4			
	CK#				
	1D#	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	 		1
			1		
	CK#	e Maria	1		
	ID#		•		
	CK#				
	TD#				
	CK#		:		
	ID#				
	CK#	and the second s			-
	ID#				Tr
	CK#	and the second s			\ L
	1D#			†	1
	CK#	And the second s			-
			SUB-TOTAL	\$	
		TOTAL (If last pa	ge of this schedule)		1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequently (blood relatives) and affinity (relatives by marriago). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS	SEE BACK OF BODI
FUR INSTRUCTIONS	. SEE BACK OF FORM

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T/ acat	Form
VOSET	rons

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAG COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Thompson for State Scnate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursament) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUN! EXPENDED
10/29/08	ID# CK#2158	US Postal Service Kanawha, Iowa	postage	\$ 27.00
10/30/08	ID# CK#2159	US Postal Service Kanawha, Iowa	postage	13.50
10/31/08	ID# CK# 2160	US Postal Service Kanawha, Iowa	postage	8.10
11/14/08	ID# CK# ₂₁₆₁	lowa Department of Revenue Des Moines, Iowa	sales tax	104.67
12/31/08	ID# CK# ₂₁₆₂	Doug Thompson Kanawha, Iowa	mileage reimbursement: 4200 miles @ .485 and 5700 miles @ .585	5,371.50
	ID# CK#			
	ID# CK#	and the second s		
	ID# CK#			
			SUB-TOTAL TOTAL (if last page of this schedule)	

THIS BOX API	PLIES TO	CANDIDATES'	COMMITTEES ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expanditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itomized on Schedulo G by the amount, purpose, and date of each type of expanditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedulo G Instructions and lowe Code 68A-402(3)(i).)

Page)	of 1	
F #440	U1	

(for Schedule B)

INSTRUCTIONS, SEI MITTEE NAME(Must mpson for State Se	be same as on Statement of Organization)	RESET	SCHEDULE F (Rev. 02/08)	P 8
AL UNPAID LOANS F	orts money loaned to the committee which is deposited in the FROM LAST REPORTING PERIOD \$ 10,500.00 ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is inv		CHECK * AMENDIN	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT (
			\$	
			9	
ART II - MONETARY (Loans forgive	LOAN REPAYMENTS MADE <u>THIS REPORTING PERIOD</u> on must be reported on Schedule E — In-kind Contributions.)	TOTAL (PART I)	\$ 0.00	•
ART II - MONETARY (Loans forgive DATE PAID (MM/DD/YR)	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD on must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	TOTAL (PART I) RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT	R
(Loans forgive	n must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	R
(Loans forgive	n must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	R
(Loans forgive	n must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO CANDIDATE® (If Applicable	AMOUNT	R
(Loans forgive	n must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE® (If Applicable	AMOUNT	R
(Loans forgive	n must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE® (If Applicable	AMOUNT \$	R
(Loans forgive	n must be reported on Schedule E — In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE® (If Applicable	* \$ 0.00	R
(Loans forgive	n must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH	RELATIONSHIP TO CANDIDATE* (If Applicable I REPAYMENTS (PART II) TAL LOANS FORGIVEN	AMOUNT \$	